

# **STATE OF RHODE ISLAND CERTIFICATION APPLICATION FOR THE MINORITY BUSINESS ENTERPRISE AND DISADVANTAGED BUSINESS ENTERPRISE PROGRAMS**

**PURPOSE:**

The attached form is the application for certification as a Disadvantaged Business Enterprise under the Federal Disadvantaged Business Enterprise Program and the State of Rhode Island's Minority Business Program. This program was established pursuant to the Surface Transportation Uniform Relocation Assistance Act and implemented through 49 CFR Part 23 and 26 as well as 13 CFR Part 21 and RIGL 37-14.1. Its purpose is to support the fullest participation of firms owned and controlled by socially and economically disadvantaged minority and/or women as well as other socially and economically disadvantaged individuals in the State of Rhode Island's and in the Department of Transportation's MBE/DBE Programs. This includes assisting MBEs and DBEs throughout the life of contracts in which they participate.

For assistance in completing this application, please contact the Department of Administration, Minority Business Enterprise Compliance Office at **(401) 222-6670**. The Minority Business Enterprise Compliance Office is the certifying agent for the State of Rhode Island and its political subdivisions, the Rhode Island Department of Transportation, the Rhode Island Public Transit Authority and the Rhode Island Airport Corporation.

Please return the completed application and supporting documentation to:

**Rhode Island Department of Administration  
Minority Business Enterprise Compliance Office  
One Capitol Hill  
2<sup>nd</sup> Floor  
Providence R. I. 02908**

Pursuant to the provisions of the Personal Privacy Protection and Freedom of Information Law, the State may not disclose information submitted in an application, unless such disclosure is made pursuant to applicable Federal and State laws.

**STATE OF RHODE ISLAND  
MINORITY AND DISADVANTAGED BUSINESS ENTERPRISE  
UNIFORM CERTIFICATION APPLICATION**

**General Instructions:** (Please type or print clearly. Do not leave any spaces blank on the application.) **If a questions is not applicable to your business insert "N/A" in the space provided for your answer.** You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.

- 1a. Name and Street Address of Applicant** (Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction").

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- 1b. "Doing Business As" (D/B/A) Name** (Complete if firm does business under an assumed or trade name that is different from its legal name.)

- 1c. Mailing Address** (Complete if different from street address.)

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- 2. Business Phone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

- 3. Federal Employer Identification Number OR Social Security Number** (A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, contact your local US Internal Revenue Office. Sole proprietorships may submit social security number of the owner in lieu of the federal identification number.)

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- 4a. Name of Company President/Chief Executive Officer/Owner**

President:

Chief Executive Officer:

Owner:

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- 4b. Name and Title of Officer of the firm who can be contacted during the application review process.**

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5. **Does this firm have current Small Business Administration 8a (SBA) status?** (circle appropriate answer)

YES NO

If YES, please attach a copy of the SBA letter of approval.

6. **Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority in this state?** (circle appropriate answer)

YES NO

If YES, please identify agency, department or authority.

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7a. **Type of ownership** (Please specify business organizational Structure)

\_\_\_\_ **Sole Proprietorship**    **Certificate of Trade Name on file in** \_\_\_\_\_ **Date Established** \_\_\_\_\_  
City/State

\_\_\_\_ **Partnership**    **Business Certificate for Partners on file in** \_\_\_\_\_ **Date Established** \_\_\_\_\_  
State

\_\_\_\_ **Corporation**    **Certificate of Incorporation on file in** \_\_\_\_\_ **Date Established** \_\_\_\_\_  
State

7b. **Did the business exist under a different type of ownership prior to the date indicated in question 7a?**  
(circle appropriate answer)

YES NO

If YES, Explain.

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7c. **Has your Certificate of Incorporation or business certificate been amended since it was originally filed?**  
(circle appropriate answer)

YES NO

If YES, Explain.

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7d. **Method of Acquisition** (Check all applicable):

\_\_\_\_ Started New Business

\_\_\_\_ Other

\_\_\_\_ Bought Existing Business

\_\_\_\_ Secured Concession

\_\_\_\_ Inherited Business

\_\_\_\_ Merger or Consolidation

Date of Acquisition \_\_\_\_\_

- 7e. **Name & Position of all person(s) with ownership interest.** (Check all that are applicable. If no positions are held, state 'none'.)

Name: _____	Position: _____	Group: _____	Sex: _____
Percentage Owned: _____	US Citizen: _____	Resident Alien: _____	

Name: _____	Position: _____	Group: _____	Sex: _____
Percentage Owned: _____	US Citizen: _____	Resident Alien: _____	

Name: _____	Position: _____	Group: _____	Sex: _____
Percentage Owned: _____	US Citizen: _____	Resident Alien: _____	

Name: _____	Position: _____	Group: _____	Sex: _____
Percentage Owned: _____	US Citizen: _____	Resident Alien: _____	

\* Group Key (Please refer to Page 22 for definitions.)

<u>B</u> Black	<u>A</u> Asian-American	<u>N</u> Native American	<u>W</u> Women
<u>H</u> Hispanic	<u>P</u> Portuguese	<u>O</u> Other	

8. **Please identify the cash and capital contributions to the firm by those identified in 7e. including gifts, equipment, loans, and expertise.**

<u>Contributor/source</u>	<u>Amount/value</u>	Type of <u>contribution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 9a. **If the firm is a partnership, please complete for all partners.**

Name: _____	Total Amount/Value of Contributions: _____
Date of Ownership: _____	Percentage of Ownership _____

Name: _____	Total Amount/Value of Contributions: _____
Date of Ownership: _____	Percentage of Ownership _____

Name: _____	Total Amount/Value of Contributions: _____
Date of Ownership: _____	Percentage of Ownership _____

**9b. If the firm is a corporation, please complete for all shareholders.**

Name: _____	Common or Preferred: _____	# Shares Owned: _____
Date of Ownership: _____	Amount Paid when Purchased: _____	

Name: _____	Common or Preferred: _____	# Shares Owned: _____
Date of Ownership: _____	Amount Paid when Purchased: _____	

Name: _____	Common or Preferred: _____	# Shares Owned: _____
Date of Ownership: _____	Amount Paid when Purchased: _____	

Name: _____	Common or Preferred: _____	# Shares Owned: _____
Date of Ownership: _____	Amount Paid when Purchased: _____	

**9c. If a corporation, number of shares:**

Common Authorized _____	Common Issued _____
Preferred Authorized _____	Preferred Issued _____

**10. Gross Receipts (sales). Please provide gross receipts for the last 3 years.**  
(If in business for less than 3 years, complete as applicable.)

\$ _____	\$ _____	\$ _____
Current Year (20____)	Last year (20____)	Previous Year (20____)

**11. Number of employees.** (Please average over the past year.)

<u>Permanent</u>	<u>Temporary</u>	<u>Seasonal</u>
Full-Time _____	Full-Time _____	Full Time _____
Part-Time _____	Part-Time _____	Part-Time _____

**12. If licensing, permits or accreditation is required to conduct the business, please identify:**

Type of License/Permit: _____	Issued By: _____
Date Issued: _____	Exp. Date: _____
	Holder/Registrant: _____

Type of License/Permit: _____	Issued By: _____
Date Issued: _____	Exp. Date: _____
	Holder/Registrant: _____

**13a. Check all that best describe the business operation.**

<input type="checkbox"/> Construction Related	<input type="checkbox"/> Consumer Services
<input type="checkbox"/> Professional Service	<input type="checkbox"/> Manufacturer/Supplier
<input type="checkbox"/> Technical Service	<input type="checkbox"/> Retail
<input type="checkbox"/> Other (explain) _____	

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**13b. Describe principal products/commodities sold, specialties or services offered. (Please explain.)**

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**14a. Identify those individuals responsible for managerial operations. (State if owner or non-owner.) \* For Group Codes see Page 3.**

**A. Financial Decisions**

Name: _____	M	F	Group: _____	Owner: Yes	No
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Name: _____	M	F	Group: _____	Owner: Yes	No
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**B. Estimating**

Name: _____	M	F	Group: _____	Owner: Yes	No
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Name: _____	M	F	Group: _____	Owner: Yes	No
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Name: _____	M	F	Group: _____	Owner: Yes	No
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**C. Preparing Bids**

Name: _____	M	F	Group: _____	Owner: Yes	No
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Name: _____	M	F	Group: _____	Owner: Yes	No
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Name: _____	M	F	Group: _____	Owner: Yes	No
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**D. Negotiating Bonding**

Name: _____	M	F	Group: _____	Owner: Yes	No
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Name: _____	M	F	Group: _____	Owner: Yes	No
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Name: _____	M	F	Group: _____	Owner: Yes	No
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**E. Negotiating Insurance**

Name:	M	F	Group:	Owner:	Yes	No
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Name:	M	F	Group:	Owner:	Yes	No
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Name:	M	F	Group:	Owner:	Yes	No
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**F. Marketing & Sales**

Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
<hr/>						

**G. Hiring & Firing**

Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
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**H. Supervising Field Operations**

Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
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**I. Purchasing Equipment/Supplies**

Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
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Name:	M	F	Group:	Owner:	Yes	No
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**J. Managing & Signing Payroll**

Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
<hr/>						
Name:	M	F	Group:	Owner:	Yes	No
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**K. Negotiating Contracts**

Name: \_\_\_\_\_ M F Group: \_\_\_\_\_ Owner: Yes No

Name: \_\_\_\_\_ M F Group: \_\_\_\_\_ Owner: Yes No

Name: \_\_\_\_\_ M F Group: \_\_\_\_\_ Owner: Yes No

**L. Signatory for Business Accounts**

Name: \_\_\_\_\_ M F Group: \_\_\_\_\_ Owner: Yes No

Name: \_\_\_\_\_ M F Group: \_\_\_\_\_ Owner: Yes No

- 14b. Please identify additional staff persons.** (If any individual also works for another firm, please check yes) and provide the person's name, his/her position, other firm's name, address and telephone number.)

**A. Office Staff** YES\_\_\_ NO

Name/Position: \_\_\_\_\_ Sex: \_\_\_\_\_ Group: \_\_\_\_\_

Also Employed By: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**B. Field /supervisory staff** YES \_\_\_ NO

Name/Position: \_\_\_\_\_ Sex: \_\_\_\_\_ Group: \_\_\_\_\_

Also Employed By: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Sex: \_\_\_\_\_ Group: \_\_\_\_\_

Also Employed By: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**C. Estimator(s)** YES\_\_\_ NO

Name/Position: \_\_\_\_\_ Sex: \_\_\_\_\_ Group: \_\_\_\_\_

Also Employed By: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Position: \_\_\_\_\_ Sex: \_\_\_\_\_ Group: \_\_\_\_\_

Also Employed By: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**D. Controller** YES\_\_\_ NO

Name/Position: \_\_\_\_\_ Sex: \_\_\_\_\_ Group: \_\_\_\_\_

Also Employed By: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_





<u>Type</u>	<u>Depreciated Dollar Value</u>	<u>Acquisition Date</u>	<u>Payment Terms</u>

16. **Do any principals, officers, board members and/or owners of the firm have an affiliation (i.e., business interest or employment) with any other firm? YES \_\_ NO \_\_ If yes, please complete the following:**

Name: \_\_\_\_\_ Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Nature of Affiliation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Nature of Affiliation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

17. **Attorney for firm:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

18. **CPA or Accountant for firm:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

- 19a. **Has the firm applied for certification as an M/WBE or DBE with another governmental agency, department or authority? YES \_\_ NO \_\_ If YES, complete the following:**

**1. Pending With:**

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Applied as (check all appropriate): \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_

**2. Certified By:**

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Certified as (check all appropriate): \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_

**3. Registered by:**

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Certified as (check all appropriate): \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_

**4. Withdrawn/Closed out:**

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Certified as (check all appropriate): \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_

**5. Rejected By:**

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Rejected: \_\_\_\_\_

Applied as (check all appropriate) \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_

**6. Denied By:**

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Denied: \_\_\_\_\_

Applied as (check appropriate): \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_

**7. Decertified By:**

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Decertified: \_\_\_\_\_

Certified as (check appropriate):    MBE                      WBE                      DBE

- 19b. Are there appeals pending on any of the above applications or certifications? YES \_\_\_ NO**  
If yes complete the following:

Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Appealed: \_\_\_\_\_

- 20. List the three largest accounts for which the applicant has provided goods or services within the last two years:**

Name of Firm: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location of Project: \_\_\_\_\_

Duration of Project: \_\_\_\_\_ Amount of Contract: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location of Project: \_\_\_\_\_

Duration of Project: \_\_\_\_\_ Amount of Contract: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Location of Project: \_\_\_\_\_

Duration of Project: \_\_\_\_\_ Amount of Contract: \_\_\_\_\_

- 21. Identify Bank(s) where Firm's Accounts are maintained.**

Name of bank: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Number: \_\_\_\_\_

22. **Do you have a line of Credit? YES \_\_\_\_ NO \_\_\_\_** If YES, Identify.
- Source: \_\_\_\_\_ Credit Limit: \_\_\_\_\_
- Name of Guarantor(s) \_\_\_\_\_
- Source: \_\_\_\_\_ Credit Limit: \_\_\_\_\_
- Name of Guarantor(s) \_\_\_\_\_
23. **List major current creditors and/or lenders and types of investments and/or loans in the firm.**
- Creditor/lender: \_\_\_\_\_ Phone: \_\_\_\_\_
- Type of investment/credit/loan: \_\_\_\_\_
- Dollar Value Investment: \_\_\_\_\_
- Terms of Credit/loan: \_\_\_\_\_
- Creditor/lender: \_\_\_\_\_ Phone: \_\_\_\_\_
- Type of investment/credit/loan: \_\_\_\_\_
- Dollar Value Investment: \_\_\_\_\_
- Terms of Credit/loan: \_\_\_\_\_
24. **If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest. Include venture capitalists and other similar investors.**
- Firm: \_\_\_\_\_ % Owned: \_\_\_\_\_
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_
25. **Is the firm bonded? (If yes, specify type and limit): YES \_\_\_\_ NO \_\_\_\_**
- Bonding Company: \_\_\_\_\_ Phone: \_\_\_\_\_
- Address: \_\_\_\_\_ Contact: \_\_\_\_\_
- Bonding Limit: \_\_\_\_\_ Type: \_\_\_\_\_

## UNIFORM CERTIFICATION APPLICATION

This Application must be verified under oath in the following manner:

A. If the enterprise is a sole proprietorship, by owner; or if the enterprise is a partnership, by a partner; or

B. If the enterprise is a corporation, by the principal officer designated by the Board of Directors. All applicants **MUST** read and review all items preceding the verification before signing. These items contain responsibilities of the applicant rights retained by the State of Rhode Island and penalties that may be applied for false statements.

**FIRST**, this Application form, the supporting documents, and any other information provided in support of the Application are considered part of the Application. It is recognized and acknowledged that the information contained in this Application is given under oath and that any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the Applicant by the State of Rhode Island. In addition, the Applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the State of Rhode Island.

**SECOND**, pursuant to the provisions of the Personal Privacy Protection and Freedom of Information Laws, an agency may not disclose information submitted in an Application, unless such disclosure is made pursuant to applicable federal and state laws. As provided in paragraph seven below, information, which an applicant requests (in writing) to be held exempt, will be exempt from disclosure under the Rhode Island State Freedom of Information Law, if it qualifies as a trade secret or confidential information.

**THIRD**, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by the State of Rhode Island for the purpose of determining whether the Applicant qualifies, or continues to qualify as a DBE. If such examinations or interviews are refused by the Applicant; such refusal may be grounds for denying or revoking the Applicant's certification.

**FOURTH**, by filing this Application, the Applicant consents to inquiries that may be directed by the State of Rhode Island to the Applicant's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification. If the Applicant fails to permit such inquiries to be made, such failure may be grounds for denying or revoking the Applicant's certification.

**FIFTH**, the Applicant agrees to provide notice to the State of Rhode Island of any material change in the information contained in the original application within 30 days of such change.

**SIXTH**, certification is normally granted for a period of one (1) year. However, the State of Rhode Island may require the submission of a new Application, additional information, examinations of the Applicant's principals and employees at any time before the expiration of the one (1) year certification period. The Applicant's failure to submit such material, or to consent to such examinations and interviews shall be grounds for immediate revocation of certification.

**SEVENTH**, by filing this Application, the Applicant consents to the State of Rhode Island sharing reports, summaries, reviews, analyses, recommendations and determinations related to this Application with other certifying agencies, which may request such information as a result of the Applicant submitting this Application for Certification to those agencies.

**EIGHTH**, by filing this Application, the Applicant swears that they are a member of a definable minority group, woman, and/or an individual found to be both socially and economically disadvantaged. Pursuant to 13 CFR Chapter 124.105-106, the Applicant further acknowledges that their personal net worth does not exceed \$750,000.00, excluding the Applicant's ownership interest in the Applicant firm and the equity in his/her primary personal residence. The Applicant agrees to furnish appropriate supporting documentation in regard to this requirement.

I have read and acknowledge the foregoing.

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Signature of Owner/Applicant

## VERIFICATION

A) State of Rhode Island and Providence Plantations  
SS.:

B), being duly sworn, states he or she is the owner of (or partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

C), being duly sworn, states that he or she is the \_\_\_\_\_ of, the enterprise making the foregoing Application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the majority shareholders and/or the Board of Directors of the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

Sworn to me before this \_\_\_\_\_ day  
of, 20

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

**Note: This page must be signed and notarized**

## SUPPORTING DOCUMENTS

**NOTE:** *If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.*

### **A. REQUIRED FOR ALL APPLICANTS**

Attach copies of the following, if applicable. Please indicate documents by checking appropriate circles.

- Resumes of all principals, partners, officers and/or key employees of the firm as per 7(e), 9(a) and 14(a). Show home address and telephone number, education, training and employment with dates.
- Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level and limitations, if any.
- Current financial statement.
- Most recent three years' Business Federal Tax returns, including all schedules.
- Proof of sources of capitalization/investments.
- Proof of ethnicity (i.e., Birth Certificate, Baptismal Certificate, US Passport, etc.) Please include copy of tribal identification card or certificate if claiming to be a Native American.
- Proof of US Citizenship (i.e., Birth Certificate, Baptismal Certificate, US Passport, Naturalization Certificate, etc.)
- Proof of permanent resident alien status i.e., permanent resident ("green") card.
- Lease Agreements per 15(a) and 15(b).
- All third party agreements including: equipment rental, purchase agreements, management service agreements, joint venture agreements, etc.
- Copies of last four (4) bonds issued to the company, include copy of signature page for all individuals who signed or co-signed on the bond.
- Copies of all current loan agreements including loans made to the business by any owner and/or officer.
- Any employment agreements.
- Vehicle registration(s).
- Any certification, decertification or denial of certification documentation.
- Proof of Small Business Administration 8(a) Certification (copy of all approval letters).
- A written request for disclosure exemption regarding trade secrets.
- Personal Financial Statement(s) on all owners/officers with supporting documentation.

### **B. REQUIRED FOR A SOLE PROPRIETORSHIP**

(Attach copies of the following: Please indicate documents submitted by checking appropriate circles.)

- Copy of Certificate of Trade Name or Business Trade Name filed with City or County Clerk (if doing business under an assumed name).



## SUPPORTING DOCUMENTS CONTINUED

### C. REQUIRED FOR A PARTNERSHIP AND A JOINT VENTURE PARTNERSHIP

(Attach copies of the following. Please indicate documents submitted by checking appropriate circles.)

- ☐ Business Certificate
- ☐ Partnership Agreement
- ☐ Buy-out Rights

### D. REQUIRED FOR A CORPORATION

(Attach copies of the following. Please indicate documents submitted by checking appropriate circles.)

- ☐ Articles of incorporation, including date approved by State.
- ☐ Corporation By-Laws
- ☐ Minutes of first corporate organizational meeting and amendments.
- ☐ Copies of all issued stock certificates, front and back, as well as next, unissued certificate.
- ☐ Copy of stock ledger.

If applicable, furnish copies of agreements relating to:

- a. stock options
- b. shareholder agreements
- c. shareholder voting rights
- d. restriction on the disposal of stock loan agreements
- e. facts pertaining to the value of shares
- f. buy-out rights
- g. restrictions on the control of the corporation

If appropriate list of current Board of Directors including group code, sex and effective dates.

<u>Name</u>	<u>Position</u>	<u>Group</u>	<u>Sex</u>	<u>Date</u>

**NOTE:** *If appropriate documents are not submitted AND no written explanation is given, application will not be processed.*

## DEFINITIONS

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)** - A small business concern which is at least fifty-one percent (51%) owned and controlled by one or more socially and economically disadvantaged individuals or in the case of a publicly owned business, at least fifty-one (51%) of the stock of which is owned by one or more socially and economically disadvantaged individuals; and whose management and daily business operations are controlled by one or more such individuals.

"Socially and economically disadvantaged individuals" are individuals who are citizens or lawful permanent residents of the United States. The following groups are presumed to be both socially and economically disadvantaged:

**Black Americans**, which includes persons having origins in any of the Black Racial groups of Africa;

**Hispanic Americans**, which includes persons of Mexican, Puerto Rican, Cuban, Central or South America, Portuguese, or other Spanish culture or origin, regardless of race.

**Asian-Americans**, which includes persons having origins in any of the original peoples of the Far East, South East Asia, The Indian Subcontinent or the Pacific islands.

**Native Americans**, which includes persons who are American Indians, Eskimos, Aleuts or Native Hawaiians.

**Portuguese**, which includes persons of Brazilian or other Portuguese cultures or origins, regardless of race.

**Women**, regardless of race.

Members of other groups or other individuals found, on a case-by-case basis, to be economically and socially disadvantaged by the US Department of Transportation grant recipients or by the Small Business Administration under Section 8(a) of the Small Business Act, as amended (15 USC 637 (a)).

**UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL, SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXERCISE THE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE.**